

MINUTES OF THE
MEETING OF THE SENATE COMMITTEE
ON HUMAN RESOURCES AND FACILITIES

SIXTY-FIRST SESSION
NEVADA STATE LEGISLATURE
February 16, 1981

The Senate Committee on Human Resources and Facilities was called to order by Chairman Joe Neal at 9:07 a.m., Monday, February 16, 1981, in Room 323 of the Legislative Building, Carson City, Nevada. Exhibit A is the Meeting Agenda. Exhibit B is the Attendance Roster.

COMMITTEE MEMBERS PRESENT:

Senator Joe Neal, Chairman
Senator James N. Kosinski, Vice Chairman
Senator James H. Bilbray
Senator Richard E. Blakemore
Senator Wilbur Faiss
Senator Virgil M. Getto

GUEST LEGISLATOR:

Senator Jean Ford

STAFF MEMBER PRESENT:

Sheba L. Frost, Secretary

SENATE BILL NO. 146 -- "Authorizes welfare division of department of human resources to delegate authority to issue provisional licenses for foster care."

Senator Jean Ford said that S.B. No. 146 is a bill recommended by the interim subcommittee which studied welfare programs and judicial services to juveniles. Senate Bill No. 146 would allow the welfare division to provide by regulation a delegation of authority to issue provisional licenses to foster homes. Senator Ford said that the subcommittee received testimony from employees of the welfare division who supported this concept and have, in fact, already been interpreting the current law as allowing this practice. The senator suggested that line 3 of Section 1 be

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reviewed in order to determine if it is the welfare division or the welfare board who would promulgate regulations.

Mr. Bill Labadie of the state division of welfare said that regulations promulgated by the division would have to have the welfare board's approval.

SENATE BILL NO. 147 -- "Provides for intermediate emergency medical technicians."

Mr. Paul Cohen, administrative health services officer, state division of health, said that S.B. No. 147 will provide requirements for training and authorizing the activities of intermediate emergency medical technicians. Mr. Cohen said that there will not be a fee charged to volunteer trainees.

Ms. Reba Chappell, chief of the emergency medical services, state division of health, suggested an amendment to Section 4, line 14, page 2. Ms. Chappell said that line 14 should read: "3. Where direct voice communication is made and maintained with a physician or registered nurse supervised by a physician upon order of such physician or nurse, perform. . .". (See Exhibit C.) Section 5, page 2 of S.B. No. 147 places in the statutes a specific reference to requiring fingerprints for applicants. The Federal Bureau of Investigation advised the health division that they would not process fingerprint records unless there is a specific statute reference (NRS 450B). Ms. Chappell said that S.B. No. 147 should have also included a deletion of subsection 3, NRS 450B.160 which states "not to exceed \$10.00"; and, in subsection 5 of NRS 450B.200. (See Exhibit C.) She said that an amendment has been requested to make this correction.

Ms. Chappell explained the bill section-by-section. Senator Getto asked about line 16, page 2, which states that an emergency medical technician may perform certain procedures "which may include, but are not limited to...", and the senator asked if the technician is allowed to perform serious surgical operations under this clause. Ms. Chappell said that under the direct supervision of a physician, and under extreme conditions, this is possible. However, the physician is liable for any such performance while the technician is under his/her supervision.

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Mr. Michael J. Madden, administrator of the Churchill Public Hospital, said that the Fallon hospital has a fulltime ambulance program. And, the majority of the hospital's emergency medical technicians are at this intermediate level. Mr. Madden said that S.B. No. 147 would give his hospital the statutory authority to continue this type of training, and he fully supports the bill.

Mr. Fred Hillerby of the Nevada Hospital Association, said that the association he represents supports S.B. No. 147. Mr. Hillerby also commented that the general public needs to be educated about the availability of these emergency teams.

Ms. Mary Ann Lambert, Nevada Nurses' Association, read a statement into the record regarding S.B. No. 147. (See Exhibit D.) In her statement, Ms. Lambert expressed concern about Section 3, page 1, lines 9-13. She said that this specific language, "The training program in a rural area which has access to a medical facility which provides intensive care, if the area is outside a health district," is too restrictive to the emergency medical technician training program. Ms. Lambert said the association she represents does support Ms. Chappell's suggested amendment regarding "direct supervision" in Section 3, page 2, as is shown in Exhibit C. Ms. Lambert's testimony also suggested that lines 17-19 on page 2, need to clarify whether the drugs listed in subsection 3-c, can be administered intravenous, although in subsection 3-a it specifies that the technician can only maintain intravenous therapy initiated by other authorized persons.

Ms. Chappell added that most of the questions raised by Ms. Lambert are answered in the existing regulations for the emergency medical services. Ms. Chappell also submitted three letters for the record. One from the Nevada State Board of Pharmacy (Exhibit E); the Washoe County District Health Department (Exhibit E-1); and the Clark County Health District (Exhibit E-2), all stating their support of S.B. No. 147.

SENATE BILL NO. 148 -- "Changes requirements for emergency and involuntary admission of mentally ill persons."

Mr. Jerry Griepentrog, administrator of the division of

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mental hygiene and mental retardation, state department of human resources, said that there are three major changes in S.B. No. 148 to NRS 433A. The first change occurs in Section 1, subsection 2, page 1, wherein the bill recommends that the emergency admission period be extended from the current 9 days to a total of 16 days. The specific language requests that in addition to the required 2 days of detainment and a possible extension of 7 days, the extension be allowed for up to 14 days. The rationale for this recommendation, Mr. Griepentrog said, is to prevent unnecessary court commitments whenever possible. The second change proposed is in Section 2, page 1, wherein the bill recommends that a petition for court ordered involuntary admission take place only after there are 72 hours of "continuous observation and evaluation." Mr. Griepentrog said that the intent of this section is that the "observation and evaluation" be under the direction of a physician. This could be either in a hospital or out-patient environment. Mr. Ken Sharigian, deputy administrator for the division of mental hygiene and mental retardation, stated that there are two ways in which an individual can be admitted through a court commitment: (1) individuals living at home who can be evaluated independently; or (2) individuals who are already housed as an emergency admission. Senate Bill No. 148 addresses those individuals who fall into the second category, and this implies that the individuals are hospitalized. Senator Kosinski said that it appears the language in S.B. No. 148 would prevent admissions under the first category, and each case would have to be under an emergency commitment. Mr. Sharigian said that this was not the intent when the drafting of the bill was requested. Mr. Sharigian said that under the current statute an individual can be admitted as an emergency for 2 working days, and at the end of the 2 days, if the treating clinician feels the patient should be held for further evaluation (against the patient's will), the district court can be petitioned for an extension of 7 (S.B. No. 148 is suggesting this be 14 days) days. The extension is also considered an "emergency." Mr. Griepentrog said the final change is in Section 3, page 2, subsection 1-b, which attempts to address the problem of having almost every court commitment sent to the division's state mental health facility. The state facility has approximately 100 in-patient beds. And,

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last year the division had a total of 40 persons who were court committed within an eight day period of time. This forces the facility to either exceed the licensed capacity limit, or refuse acceptance of the individual under the court commitment. An alternative to this situation, as proposed in S.B. No. 148, is to admit these individuals to other mental health hospitals or psychiatric care facilities when the division's facilities are operating at full capacity. Senator Neal expressed concern that the language in S.B. No. 148 may allow the division to deny mental health care to individuals because the division's facilities are full. Senator Kosinski said that perhaps Mr. Griepentrog could design language which would answer Senator Neal's concerns. Mr. Griepentrog said that the division had planned to work with the courts prior to commitment to outline which facilities would be available and appropriate, and this procedure could be outlined as an amendment to S.B. No. 148.

Senator Kosinski asked in regard to Section 3, subsection 1-b, page 2, why an exhibit of "observable behavior" is allowed in the previous subsection 1-a for admissions who are determined not to be mentally ill, but this practice is not required statutorily for admissions which are determined mentally ill. Mr. Sharigian said that this has been the case since 1975, and the courts are not actually making findings of "observable behavior" for court ordered admissions of mentally ill individuals.

Mr. Richard Siegel, representing the American Civil Liberties Union of Nevada, submitted a handout to the committee which outlined the ACLUN's recommended changes to S.B. No. 148. (See Exhibit F.) Mr. Siegel said that ACLUN concurs with the proposed changes in Section 2, page 1, lines 16-18, regarding requiring 72 hours of observation before filing for a court petition. And, the ACLUN concurs with referring court admissions to other facilities when the division's facilities are at capacity. However, Mr. Siegel stated that the bill does not address the problem of court admissions being handled on a perfunctory basis. He said that rather than the individual being observed for 16 days, as this bill suggests, it is a routine

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pattern that this individual may be observed by a panel of psychiatrists for a period of only 20 minutes. And, this individual may be committed for up to 6 months based on this 20 minute evaluation. Mr. Siegel said the ACLUN suggests that S.B. No. 148 be amended to allow a court ordered involuntary commitment to be reduced from a maximum period of 6 months to 2 months; and, delete the proposal to extend the court review from 7 to 14 days. Mr. Siegel said the second recommendation is made because an individual loses his/her liberty for 16 days (as proposed in S.B. No. 148) without the opportunity for habeas corpus. Mr. Siegel said that currently a person involved in this commitment proceeding is not given as much legal consideration as a person involved in a criminal proceeding.

The committee questioned how many people are actually held for the full 6 month commitment period. Mr. Siegel said that he does not have the statistics of the division's admissions. However, Mr. Siegel said if most of the patients are being released prior to the 6 months this supports his recommendation of 2 months, and the ACLUN is concerned about this loss of rights even if only one individual is involved.

Mr. John Neill of the state budget division, department of administration, said in regard to Section 3, subsection 1-b, page 2, that the budget division requested that this language be included in S.B. No. 148 in order to protect the division from deficiency spending which is prohibited under NRS 353.260.

Dr. Don Molde, president of the Nevada Psychiatric Association, concurred with extending the emergency observation to 14 days. Dr. Molde said that biologically this is correct, because frequently involuntary commitments have a disturbance which often takes 10 days or up to 2 weeks for improvement, and if additional hospitalization is needed at that time, the patient may stay on a voluntary basis. Dr. Molde said that the suggested amendment of allowing 72 hours for observation prior to filing a petition does not make sense for the same biological reason. This length of time does not assist in making an effective evaluation. Dr. Molde said that his major concern is the final change in S.B. No. 148 regarding

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the division being able to deny the admission of patients. Dr. Molde said that he feels this change is not being recommended because of budgetary considerations, but rather because of the division's "social bias" against being in the involuntary care business.

Senator Kosinski asked Dr. Molde why he is against the 72 hours of observation as suggested in Section 2 of S.B. No. 148. Dr. Molde said that this change was proposed because in Clark County at the Southern Nevada Memorial Hospital the psychiatrists often observe an individual which they feel requires more than the standard evaluation time and will file for a commitment petition on the first or second day that the individual is in emergency at the hospital. The division, Dr. Molde said, suggested this change in order to make the psychiatrists wait at least 3 days prior to receiving a petition for commitment to the mental health facility. However, for those individuals who may not need to be sent to the institute in northern Nevada after two weeks of hospital observation, a petition process should not be allowed in one day or in 72 hours, but rather after the two weeks of hospitalization and observation in the southern hospital. Dr. Molde said it appears that some psychiatrists and judges in southern Nevada attempt to make the commitment to the northern institute as quickly as possible in order to avoid treating the individual(s) in their own facilities.


Mr. Griepentrog said that he would not oppose the time frame in Section 2 being expanded beyond the 72 hours.

There being no further business, the meeting adjourned at 10:30 a.m.

Respectfully submitted by:


Sheba L. Frost, Secretary

APPROVED BY:


Senator Joe Neal, Chairman

DATE: 3-2-81

SENATE AGENDA

COMMITTEE MEETINGS

EXHIBIT A

Committee on Human Resources and Facilities , Room 323 .

Day Monday , Date February 16 , Time 9:00 a.m.

S. B. No. 146--Authorizes welfare division of department of human resources to delegate authority to issue provisional licenses for foster care.

S. B. No. 147--Provides intermediate emergency medical technicians.

S. B. No. 148--Changes requirements for emergency and involuntary admission of mentally ill persons.

EXHIBIT C

S. B. 174

Agency Requested Revision to wording in the Printed Bill:

page 2, line 14,3.

"Under the direct supervision---" should read as follows:
"Where direct voice communication is made and maintained
with a physician or registered nurse supervised by a
physician, upon order of such physician or nurse, perform-----"

Also requested : due to apparent oversight of the bill drafting office, bill draft request Serial # 796 was not included in SB 147. This BDR 796 was to delete all of Subsection 3. 450B.160;and the words " not to exceed \$10.00 " in Subsection 5. of 450B.200. This request was made to avoid conflict with the proposed amendmants on fee setting included in SB 144.

2-13-81 RLC



Members of the Committee:

The Nevada Nurses' Association is concerned about quality care throughout the State of Nevada. We agree with the intent of Senate Bill 147 to provide better emergency medical services. We are especially pleased that statutory law will now reflect a greatly needed aspect of the delivery of emergency treatment. It is important to bear in mind that many facets of this type of patient-client involvement is in an ever changing, expansive area. It is our concern that the statute provide a check on these matters, but does not restrict too tightly these vitally necessary services. Therefore, with all facts being considered, some additional information is important.

As SB 147 reads in Section 3 Paragraph 1, lines 9-13 are unclear. We do not understand the detail of specific outlines for the rural areas and those in a health district being different. Also, what is meant by the usage of the words "intensive care" as it reads in line 10? Does the rural training need access to a medical facility while training in a health district does not need the same? Could these specifics better be addressed in regulations approved by the board enabling all areas of Nevada utilization of their own available facilities rather than specifying and possibly restricting the training?

In reference to who may "initiate and conduct" this training, definition needs to be provided so that instruction is not restricted to those specifically designated. At the

present time, many agencies including the University System and the Community Colleges are engaged in providing instruction in emergency medical technician courses. Many different people qualified in a special aspect of emergency care are providing instruction in their specialty area. We would strongly suggest that this be continued with the Intermediate EMT.

The Nevada Nurses' Association supports the curriculum inclusions identified for the Intermediate Emergency Medical Technician and the qualifications for eligibility and the recertification every six months as reads line 14, page 1 to page 2 line 8.

On page 2 Section 4 deals with what an Intermediate Emergency Medical Technician may do. The use of the words "direct supervision" is misleading. These words are used in lines 12 and 13 as well as line 14. Is the intent the same? One paragraph deals with the training period. The other paragraph does not state, but implies that these procedures are in the field. Is "direct supervision" the same in both places and, if so, what does that mean?

Further, line 17 allows the Intermediate EMT to perform a venipuncture, but not administer the intravenous fluid, only maintain that initiated by someone else. In line 22 where administration is addressed, no route for that administration is designated. Other routes for the administration of such drugs are possible, but the intent, we believe, was that of intravenous. This needs to be designated and, perhaps, included in lines 17-19.

We of the Nevada Nurses' Association support the other

additions to NRS 450B providing for fingerprints of any applicants for emergency medical service permits, etc. Also, and most strongly, we support that of Section 6 page 3 paragraph 6 that the "board will determine training and other requirements for the provisions of the Intermediate Emergency Medical Technician," etc. This allows for progress in an area which the immediacy and quality of care in the initial stages of necessity can determine the remainder of the course of care.

The Nevada Nurses' Association is available for any further assistance and is most willing to provide consultation. Thank you.



Nevada State Board of Pharmacy

1201 TERMINAL WAY • SUITE 212 • RENO, NEVADA 89502 • (702) 322-0691

February 11, 1981

EXHIBIT E

Reba Chappell, Chief
Emergency Medical Services
Department of Human Resources
505 E. King Street
Carson City, Nevada 89710

Dear Ms. Chappell:

I have had the opportunity of reviewing SP 147. I am in complete agreement with this bill. Living in a rural area, myself, I can certainly understand the need of the expanded role of the Emergency Medical Technician when properly trained and supervised.

I would like to call your attention to one area. Page 2, lines 14 and 15, "being under the direct supervision of a physician or registered nurse. . ." In an emergency situation outside the area of a physician, the intent should be as in the regulations. The Emergency Medical Technician may be in voice contact with the physician or a registered nurse in an emergency situation.

We the Nevada State Board of Pharmacy would like to congratulate you for this piece of legislation. It is necessary for the health and safety of the people of the state.

Personally, and we as the Board, would like you to know that we are more than anxious to assist you with any program that you propose to provide better health care and service for the citizens. We are at your service at anytime you feel a necessity to use our cooperation and expertise.

Sincerely,

NEVADA STATE BOARD OF PHARMACY

Post
George R. Tucker
George R. Tucker,
Executive Secretary,

GRT:mmg

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FEB 13 1981

EMERGENCY MEDICAL
SERVICES

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WASHOE COUNTY

"To Protect and To Serve"



DISTRICT HEALTH DEPARTMENT

WELLS AVE. AT NINTH ST.
POST OFFICE BOX 11130
RENO, NEVADA 89520
PHONE: (702) 785-4280

EXHIBIT E-1

February 12, 1981

Reba Chappell, Chief
State EMS Office
505 East King Street
Carson City, NV 89710

SUBJECT: Support of Senate Bill 147

Dear Reba:

Our EMS program staff reviewed Senate Bill 147 and believe the bill would enhance the EMS system in our District and throughout the State.

It would enable our rural areas to have the volunteer ambulance attendants trained in three (3) more vital skill areas; airway management, I.V. therapy, and the use of MAS trousers. Having attendants trained with these additional skills will help victims, sick or injured, receive a higher level of pre-hospital care.

The Washoe County District Health Department would like to go on record in support of Seante Bill 147.

Cordially,

A handwritten signature in cursive script, appearing to read "Michael Ford".

MICHAEL FORD, M.P.H.
Acting Administrator

BLG/amm

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FEB 13 1981

EMERGENCY MEDICAL
SERVICES

337



CLARK COUNTY HEALTH DISTRICT

P.O. BOX 4426 • 625 SHADOW LANE • LAS VEGAS, NEVADA 89106 • 702-385-129

6 February 1981

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FEB 10 1981
EMERGENCY MEDICAL
SERVICES

Reba Chappell
Chief, EMS Section
Nevada Health Division
Capitol Complex
505 East King Street
Carson City, NV 89710

EXHIBIT E-2

Reference: Senate Bill S.B. 144, S.B. 147

Dear Mrs. Chappell:

We have reviewed the provisions of S.B. 144 and S.B. 147 as they pertain to emergency medical services. We would like to endorse these amendments as conducive to improved emergency medical services throughout the State of Nevada.

A clear definition of the role of the intermediate emergency medical technician will help us upgrade the level of care available in rural areas.

Sincerely,

Otto Ravenholt, M.D.
Chief Health Officer

OR:a1

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american civil liberties union of nevada

February 16, 1981

TO: Senate Human Resources Committee EXHIBIT F
FROM: Richard Siegel, Ph.D.
Vice-President, American Civil Liberties Union of Nevada
RE: SB 148
Involuntary Commitment of Mentally Ill Persons

Recommendations of ACLUN:

1. Reject change in NRS 433 A. 150 that would allow a 14 day "emergency hospitalization" without court review.
2. Amend bill to reduce maximum period for court-ordered involuntary commitment from 6 months to 2 months.

Reasons:

1. The period for emergency observation and diagnosis without court order would far exceed the period that a criminal defendant would be deprived of his liberty without court review.
2. The persons affected would have a greater risk of losing their jobs if held for a total of 16 days of emergency observation.
3. The maximum period for court-ordered involuntary commitment is more than 6 times the average stay in the state's mental treatment facilities. A six month commitment is excessive in relation to modern mental health therapy for most clients. If a period of over two months of loss of freedom is indicated, the authorities should and would be able to return to the court for an extension.